

Barry Grossman
County Executive

James S Veshecco
Director of Corrections / Warden

Gerald (Jerry) F. Mifsud
Director of Administration



Department of Corrections

1618 Ash Street
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(814) 451-7500
FAX (814) 451-7520

AUTHORIZATON FOR RELEASE OF INFORMATION

I _____, authorize the Department of Corrections of Erie County to make any investigation of my personal history, employment history, criminal history and driving violations. I also authorize the release of any information or documents to the Department of Corrections of Erie County concerning me for the purpose of seeking employment with the Department of Corrections of Erie County.

The following information is accurate: (Please print or type)

NAME: _____
(First) (Middle) (Last)

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

SEX _____ RACE _____

PLEASE ATTACH A COPY OF YOUR CURRENT DRIVER'S LICENSE

Date: ____/____/____

(Signature)

Date: ____/____/____

(Witness)